

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	3-15
O.I.P.E. CLASSIFIER		12	3/17
FORMALITY REVIEW	<i>[Signature]</i>	71698	3/19

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/1/02
2	✓	✓	8/4/01
3	✓	✓	5/28/02
4	✓	✓	12/12/02
5	✓	✓	11/8/00
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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47	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	6/1/02
52	✓	✓	8/4/01
53	✓	✓	5/28/02
54	✓	✓	12/12/02
55	✓	✓	11/8/00
56	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
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106	✓	✓	
107	✓	✓	
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141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

(1 FEET INSIDE)

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